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AND COPYRIGHT LAW

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FACSIMILE COVER LETTER

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Facsimile Number: (703) 872-9306

To: Examiner E. Mantis Mercader
Group Art Unit 3737, USPTO

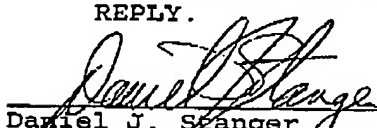
From: Mr. Daniel J. Stanger
MATTINGLY, STANGER & MALUR, P.C.

Re: USSN 10/075,284
Attorney Docket No.: H&A-107

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

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Daniel J. Stanger
Reg. No. 32,846

2/4/2004
Date

Total Number of Pages (including cover sheet): 9

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FORM PTO-1083

PATENT

Case Docket No. H&A-107

In RE application of K. SASAKI et al

Serial No.: 10/075,284

Group Art Unit: 3737

Filed: February 15, 2002

Examiner: E. Mantis Mercader

For: THERAPEUTIC ULTRASOUND SYSTEM

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

	(COL. 1)		(COL. 2)		(COL. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra
Total	* 4	Minus	** 20	=	0
Indep.	* 2	Minus	*** 3	=	0
<input type="checkbox"/> First Presentation of Multiple Dependent Claims					

* If the entry in Col. 1 is less than the entry in Col. 2, write '0' in Col. 3.
 ** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, write '20' in this space.
 *** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, write '3' in this space.
 The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

SMALL ENTITY	
Rate	Additional Fee
x 9	\$
x 42	\$
+ 140	\$
Total	\$

OR

OTHER THAN A SMALL ENTITY	
Rate	Additional Fee
x 18	\$ 0
x 84	\$ 0
+ 280	\$ 0
Total	\$ 0

OR

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$ _____.
- ☐ A check in the amount of \$ _____ is attached in payment of: _____.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1417.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

MATTINGLY, STANGER & MALUR, P.C.
 1800 Diagonal Rd., Suite 370
 Alexandria, Virginia 22314
 (703) 684-1120

Date: February 4, 2004

By:

Daniel J. Stanger
 Daniel J. Stanger
 Registration No. 32,846
 Attorney for Applicant(s)

H&A-107

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

K. SASAKI et al

Serial No. 10/075,284

Group Art Unit: 3737

Filed: February 15, 2002

Examiner: E. Mantis Mercader

For: THERAPEUTIC ULTRASOUND SYSTEM

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REPLY

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

February 4, 2004

Sir:

In response to the Office Action mailed November 5, 2003,
please amend the above-identified application as set forth
below.